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Lumbar Fusion

Your doctor has determined that your particular spine problem will be best treated by an operation called a lumbar fusion. A Lumbar fusion is a procedure where two or more vertebra have bone connecting them so as to correct instability, stabilize arthritic joints or ease pain from degenerative discs. This fusion process requires taking a bone graft from either your hip or donor bone and placing it along your spine so that it will grow and become a natural part of your body.

Instrumentation (pedicle screws, rods, plates, cages) is frequently used to enhance the rate of fusion, restore stability and/or allow alignment correction from slipped and scoliotic vertebrae and restore collapsed disc to a normal height. This instrumentation also provides a more stable environment for bone growth to occur, which is the actual fusion. As the bone grows in (fusion), it takes over the role served by the instrumentation much as a healing arm or leg fracture replaces the ongoing need for a cast. It is your bone growth, not the instrumentation, which supports your body over time. After the fusion takes place, the instrumentation is not usually painful, poses no harm and only rarely (1%) requires removal.

The successful placement of instrumentation and bone graft does not guarantee a successful fusion. The use of tobacco products, smoked, chewed or with a patch, is a severe detriment to fusion. The use of nonsteroidal anti-inflammatory medicines (ibuprofen, Aleve, Mobic, etc) can inhibit the fusion process if taken in the first three months after surgery. Diabetes, Previous surgery, hypothyroidism, osteoporosis, bad luck, etc can also inhibit fusion. If you have risk factors for fusion failure, you may be fitted for a bone growth stimulator belt to enhance your chance of healing. If a fusion does not occur, the instrumentation may ultimately loosen, pain may redevelop and further surgery may be required.

There are potential complications with the use of instrumentation. Infection may occur (1-5%) requiring reoperation, instrumentation removal, prolonged IV antibiotics and the use of a brace. There is also the possibility that the instrumentation may be misplaced (less than 1%) leading to nerve pain or weakness and the required reoperation for removal. Scar Tissue may also form which may lead to persistent leg or back pain. The major blood vessels in the abdomen may be injured (less than 1%) leading to emergency abdominal surgery and possibly death. There is the possibility that the same process that caused the surgical need in one part of your spine may develop later in other parts of the spine requiring further surgery. Some people suggest that the use of instrumentation can increase this risk (5-10% over 5-10 years). Fusion may take place but pain may persist.

Every surgery is as unique as the individual being operated upon. There are always imponderables with any operation, but while the above lists are not exhaustive, they by far represent the most commonly seen complications. Your surgeon has performed this operation on thousands of occasions and would not offer it as an option if he felt the benefits did not significantly outweigh the risk.

Lumbar Fusion Consent

Alternatives and other Considerations:

There may be alternatives to this operation available to you such as the use of medications, traction, and other surgical techniques. Some surgeons choose to decompress the pinched nerve by operating from the back of the neck. These alternative therapies also carry their own risks and associated complications and have a varying degree of success.

Therefore, in these patients in whom anterior cervical discectomy and fusions is indicated, we feel this operation provides the patient with the best chance of successful treatment and low risk or complications.

It is important that you stop taking any aspirin, aspirin-containing drugs and other aspirin-like (anti-inflammatory) medicine at least 10 days prior or so to surgery. These medications cause increased bleeding at the time of surgery which we would like to avoid. Please call or ask us if you need help with this.

Summary and Acknowledgement:

The Scope of this information handout may not be complete. Patients have the right to have their questions answered to their satisfaction and in a manner they understand. We want you to understand the risks and alternatives available. It is our purpose to provide you with the best medical care possible. We need for you to be well informed regarding your treatment, tests and any surgery you might undergo. If you have any questions or concerns that are not answered, please ask for further information so that you can be more comfortable with what is being done for you. After reading this material carefully, please do not hesitate to call us back for any additional questions you may have at 251-607-6117.

I have read this document under quiet conditions at my leisure away from the physician's office and have discussed it with the family members I feel should be aware of its contents and accept the inherent risk in such major surgery.

Witness

Signed

Date

Printed Name

Date